



TRICARE
MANAGEMENT ACTIVITY

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

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**CHANGE 75
OCHAMPUS 6010.50-M
JANUARY 5, 1999**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL**

**THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS
MANUAL 6010.50-M, REISSUED JULY 1992:**

PAGE CHANGE(S): CHAPTERS 2, 6 and 8

REMOVE AND INSERT PAGE(S): (See page 2 of this transmittal)

**SUMMARY OF CHANGE(S): THIS CHANGE REFLECTS MODIFICATIONS MADE TO THE CMAC
ADOPTED IN FISCAL YEAR 1999 AND UPDATES THE LEVEL III CODE FOR OUTPATIENT SERVICES
UNDER SUBSTANCE USE DISORDERS. THIS CHANGE IS ISSUED IN CONJUNCTION WITH
OPERATIONS MANUAL CHANGE 128 AND POLICY MANUAL CHANGE 1.**

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.


Michael J. Carroll
Chief, Office of Program Requirements

**ATTACHMENT(S): 14 PAGE(S)
DISTRIBUTION: 6010.50-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

CHANGE NO: 75
OCHAMPUS 6010.50-M
JANUARY 5, 1999

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Data Requirements

Chapter

2

Data Element Definition

Element Name: Pricing Profile

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-331	1	Yes ¹

Primary Picture (Format) Two (2) alphanumeric digits.

Definition Number identifying the Pricing Profile used to determine the allowable charge.

Code/Value Specifications

- 88 = 88 Profile (10/1/87 - 1/31/89)
- 89 = 89 Profile (2/1/89 - 12/31/89)
- 11 = 11 Profile (1/1/90 - 3/31/90)
- 90 = 90 Profile (4/1/90 - 10/6/91)
- 91 = 91 Profile (10/7/91 - 4/30/92)
- 92 = 92 Profile (5/1/92 - 2/28/93)
- 93 = 93 Profile (3/1/93 - 10/31/93)
- 14 = 14 Profile (11/1/93 - 3/31/94)
- 94 = 94 Profile (4/1/94 - 12/31/94)
- 15 = 15 Profile (1/1/95 - 2/28/95)
- 95 = 95 Profile (2/1/95 - 1/31/96)
- 16 = 16 Profile (1/1/96 - 1/31/96)
- 96 = 96 Profile (2/1/96 - 12/31/96)
- 17 = 17 Profile (1/1/97 - 2/28/97)
- 97 = 97 Profile (3/1/97 - 12/31/97)
- 18 = 98 Profile (1/1/98 - 1/31/98)
- 98 = 98 Profile (1/1/98 - 7/31/98)
- 28 = 98 Profile (8/1/98 - 12/31/98)
- 19 = 99 Profile (1/1/99 - 1/31/99)

Notes and Special Instructions:

¹ Required if Pricing Code 2, 3, 6, 7, 8, A or B.

Data Requirements

Data Element Definition

Element Name: Pricing Profile (Continued)

99 = 99 Profile (2/1/99 - 99/99/99)

Algorithm N/A

Subordinate and/or Group Elements

Subordinate

Group

N/A

N/A

Notes and Special Instructions:

¹ Required if Pricing Code 2, 3, 6, 7, 8, A or B.

Data Requirements

Chapter

2

Data Element Definition

Element Name: Pricing Effective Date

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Pricing	4-055	1	Yes

Primary Picture (Format) Eight (8) numeric digits, YYYYMMDD.

Definition Effective date of the data on the Pricing record.

Code/Value Specifications

YYYY	4 digit calendar year
MM	2 digit calendar month
DD	2 digit calendar day

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

N/A

Chapter 2

Data Requirements

Data Element Definition

Element Name: Pricing Profile

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Pricing	4-052	1	Yes ¹
Primary Picture (Format)	Two (2) alphanumeric digits.		
Definition	Number identifying the pricing period used to determine the allowable charge. Refer to Policy Manual, Chapter 13.		
Code/Value Specifications	88 = 88 Profile	10/1/87 - 1/31/89	
	89 = 89 Profile	2/1/89 - 12/31/89	
	11 = 11 Profile	1/1/90 - 3/31/90	
	90 = 90 Profile	4/1/90 - 10/6/91	
	91 = 91 Profile	10/7/91 - 4/30/92	
	92 = 92 Profile	5/1/92 - 2/28/93	
	93 = 93 Profile	3/1/93 - 10/31/93	
	14 = 14 Profile	11/1/93 - 3/31/94	
	94 = 94 Profile	4/1/94 - 12/31/94	
	15 = 15 Profile	1/1/95 - 2/28/95	
	95 = 95 Profile	2/1/95 - 1/31/96	
	16 = 16 Profile	1/1/96 - 1/31/96	
	96 = 96 Profile	2/1/96 - 12/31/96	
	17 = 17 Profile	1/1/97 - 2/28/97	
	97 = 97 Profile	3/1/97 - 12/31/97	
	18 = 98 Profile	1/1/98 - 1/31/98	
	98 = 98 Profile	1/1/98 - 7/31/98	
	28 = 98 Profile	8/1/98 - 12/31/98	
	19 = 99 Profile	1/1/99 - 1/31/99	

Notes and Special Instructions:

¹ Required on all pricing records, including conversion.

Data Requirements

Chapter

2

Data Element Definition

Element Name: Pricing Profile (Continued)

99 = 99 Profile

2/1/99 - 99/99/99

Algorithm N/A

Subordinate and/or Group Elements

Subordinate

Group

N/A

N/A

Notes and Special Instructions:

¹ Required on all pricing records, including conversion.

Data Requirements

Data Element Definition

Element Name: Pricing State or Country Code

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Pricing	4-005	1	Yes

Primary Picture (Format) Two (2) alphanumeric characters.

Definition Code assigned to identify the state or foreign country for which the pricing data was established.

Code/Value Specifications Reference Addendum A and Addendum B. Note exception below for California.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

N/A

Data Requirements

Chapter 2

Figure 2-F-6 CPT-4 Code Exceptions

Description of Procedures	Level I Codes
The following CPT-4 codes shall not be used when submitting payment records to TSO.	
Anesthesia Codes:	00100 - 01999 (except 01996) 99100 - 99140

NOTE:

*FI/Contractors shall report the surgery procedures as appropriate with the provider specialty coded as "anesthesiology" (05) or "anesthetist" (80) as appropriate. A "0" or a "1" must be coded in the Number of Services field. This field must be coded as "1" on all RPM = Blank or H initial submission **payment records**. FI/Contractors shall request specific information concerning pricing from the providers, however, pricing units are not to be submitted on payment records.*

Figure 2-F-7 Mental Health Procedure Codes

Description of Procedure		Level III Codes
Partial Hospitalization		
I Outpatient services provided in a group setting by a Substance Use Disorder Rehabilitation Facility.		90834
Partial Hospitalization, all-inclusive per diem payment for alcohol rehabilitation, 6 hours or more		92891
Partial Hospitalization, all-inclusive per diem payment for alcohol rehabilitation, 3-5 hours (half day program)		92892
Partial Hospitalization, Night Time Care (reimbursement not to exceed amount allowed for half day)		92893
Psychiatric Partial Hospitalization, all inclusive per diem payment of nonsubstance abuse partial hospitalization programs of 6 hours or more		92898
Psychiatric Partial Hospital, all-inclusive per diem payment of nonsubstance abuse programs of 3 - 5 hours, (half-day program)		92899

NOTE:

The only other service that may be cost-shared, in addition to these codes is the one hour of psychotherapy per day for individual or family therapy (not to exceed five per week) performed by authorized mental health professionals not employed by or contracted with the partial hospitalization facility.

Wraparound Demonstration

Psychiatric in home services (psychotherapy provided in the beneficiary's home)	90892
Brief, time limited, respite services	90893
Therapeutic foster homes (psychotherapy provided in the foster home)	90894
Therapeutic group homes (psychotherapy provided in the group home)	90895
Crisis stabilization in group homes (psychotherapy provided in a group home, patient unstable)	90896
Other residential or nonresidential ancillary mental health services not included in the above codes	90897

Non-Institutional Edit Requirements

Chapter 6

Element Name: Denial Reason Code (2-330)			
Validity Edits			
2-330-01	VALUE MUST BE IN RANGE 1 - 9, A - D, G, J - N, GG, <u>OR</u> BLANK.		
Relational Edits			
	Related to Element	Edited Element Relationship	Also Relates to Element(s)
	AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
2-110-04R	NAS NUMBER		
2-155-11R	AMOUNT PAID BY GOVERNMENT FI/ CONTRACTOR	SEE BELOW	TYPE OF SUBMISSION, FILING DATE FI/ CONTRACTOR
	FI/CONTRACTOR		
2-180-04R	NAS EXCEPTION REASON		
2-309-02R	PRICING CODE		
	TYPE OF SUBMISSION	SEE BELOW	
Edited Element Relationship			
2-330-02R	IF AMOUNT ALLOWED = ZERO ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (NOT BLANK)		
	<u>WHEN</u>		
	TYPE OF SUBMISSION	I INITIAL SUBMISSION	
		R RESUBMISSION OF ERROR REJECT	
		O ZERO PAYMENT	
		F ADJUSTMENT NEW SUFFIX	
		D COMPLETE DENIAL	
	<u>OR</u>		
	TYPE OF SUBMISSION	A ADJUSTMENT	
		C COMPLETE CANCELLATION	
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
2-330-03R	IF TYPE OF SUBMISSION	D DENIAL	
	ALL DETAIL OCCURRENCES MUST CONTAIN A DENIAL REASON CODE (EXCEPT BLANK).		
2-330-04R	IF AMOUNT ALLOWED BY PROCEDURE CODE = ZERO, DENIAL REASON CODE MUST <u>NOT</u> = BLANK. FOR THAT DETAIL OCCURRENCE.		
	<u>WHEN</u>		
	TYPE OF SUBMISSION	I INITIAL SUBMISSION	
		R RESUBMISSION	
		O ZERO PAYMENT	
		F ADJUSTMENT NEW SUFFIX	
		D COMPLETE DENIAL	
	<u>OR</u>		
	TYPE OF SUBMISSION	A ADJUSTMENT	
		C COMPLETE CANCELLATION	
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		

Chapter 6

Non-Institutional Edit Requirements

Element Name: Pricing Profile Year (2-331)

Validity Edits

2-331-01 VALUE MUST BE BLANK 91, 92, 93, 14, 94, 15, 95, 16, 96, 17, 97, 18, 19, 28, 98, OR 99.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PRICING CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
PRICING CODE	SEE BELOW	END DATE OF CARE. DATE PROCESSED TO COMPLETION

Edited Element Relationship

2-331-02R IF PRICING CODE

- 0 PRICING NOT APPLICABLE
- 1 PRICED MANUALLY
- 4 PAID AS BILLED
- 5 PAID ON NEGOTIATED RATE
- F CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PRICED MANUALLY
- I CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PAID AS BILLED
- J CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PAID ON NEGOTIATED RATE
- T CHAMPUS CLAIMCHECK-ADDED PROCEDURE, ALLOWED AS BILLED BUT PAID LESS THAN BILLED

PRICING PROFILE YEAR MUST BE BLANK.

IF PRICING CODE

- 6 PREVAILING/CONVERSION ADJUSTED BY THE MEI - PRIMARY CARE
- 7 PREVAILING/CONVERSION ADJUSTED BY THE MEI - NONPRIMARY CARE. TOTAL CHARGE SUBJECT TO MEI
- 8 PREVAILING/CONVERSION ADJUSTED BY THE MEI - NONPRIMARY CARE. PROFESSIONAL COMPONENT ONLY
- K CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PREVAILING/CONVERSION ADJUSTED BY THE MEI-PRIMARY CARE
- L CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PREVAILING/CONVERSION ADJUSTED BY THE MEI-NON-PRIMARY CARE. TOTAL CHARGE SUBJECTED TO MEI
- M CHAMPUS CLAIMCHECK-ADDED PROCEDURE, PREVAILING/CONVERSION ADJUSTED BY THE MEI-NON-PRIMARY CARE. PROFESSIONAL COMPONENT ONLY

PRICING PROFILE YEAR MUST BE \$ 91, 14, 15, 16, OR 17

2-331-03R IF PROGRAM INDICATOR D DRUG
PRICING PROFILE MUST BE BLANK

Non-Institutional Edit Requirements

Chapter 6

Element Name: Pricing Profile Year (2-331) (Continued)

2-331-04R IF PRICING CODE = 2. 3. 6. 7. 8. A. B. G. H. K. L. M. N. OR O THEN:

WHEN PRICING PROFILE YEAR = '99'

END DATE OF CARE MUST BE \geq 01/01/99

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/99

WHEN PRICING PROFILE YEAR = '19'

END DATE OF CARE MUST BE \geq 01/01/99 AND \leq 01/31/99

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/99

WHEN PRICING PROFILE YEAR = '28'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 12/31/98

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 08/01/98

WHEN PRICING PROFILE YEAR = '98'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 12/31/98

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/98

WHEN PRICING PROFILE YEAR = '18'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 01/31/98

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/98

WHEN PRICING PROFILE YEAR = '97'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 12/31/97

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 03/01/97

WHEN PRICING PROFILE YEAR = '17'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 02/28/97

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/97

WHEN PRICING PROFILE YEAR = '96'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 12/31/96

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/96

WHEN PRICING PROFILE YEAR = '16'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 01/31/96

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/96

WHEN PRICING PROFILE YEAR = '95'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 01/31/96

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/95

WHEN PRICING PROFILE YEAR = '15'

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 02/28/95

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/95

WHEN PRICING PROFILE YEAR = '94'

END DATE OF CARE MUST BE \geq 04/01/94 AND \leq 12/31/94

AND

DATE PROCESSED TO COMPLETION MUST BE \leq 12/31/94

OR

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 12/31/94

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/95

Chapter
6**Non-Institutional Edit Requirements****Element Name: Pricing Profile Year (2-331) (Continued)**

WHEN PRICING PROFILE YEAR = '14'

END DATE OF CARE MUST BE \geq 11/01/93 AND \leq 03/31/94

AND

DATE PROCESSED TO COMPLETION MUST BE \leq 12/31/94

OR

END DATE OF CARE MUST BE \geq 10/01/87 AND \leq 03/31/94

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 01/01/95 AND \leq 02/28/95

WHEN PRICING PROFILE YEAR = '93'

END DATE OF CARE MUST BE \geq 01/01/87 AND \leq 10/31/93

AND

DATE PROCESSED TO COMPLETION MUST BE \geq 02/28/95

Pricing Edit Requirements

Chapter

8

Element Name: Pricing Profile (4-052)**Validity Edits****4-052-01** MUST BE = '91', '92', '93', '14', '94', '15', '16', '95', '96', '17', '97', '18', '19', '28', '98', OR '99'.**Relational Edits****Related to Element****Edited Element
Relationship****Also Relates to
Element(s)**

NONE

Pricing Edit Requirements

Element Name: **Pricing Effective Date (4-055)**

Validity Edits

4-055-01 MUST BE VALID GREGORIAN DATE.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
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NONE